

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM NO. 875)**

SERIAL NO.

| FILING DATE

En/a

* 1	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1						51
2						52
3						53
4						54
5						55
6						56
7						57
8						58
9						59
10						60
11						61
12						62
13						63
14						64
15						65
16						66
17						67
18						68
19						69
20						70
21						71
22						72
23						73
24						74
25						75
26						76
27						77
28						78
29						79
30						80
31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						95
46						
47						
48						98
49						99
50						100
TOTAL 1						TOTAL IND.
TOTAL DEP.						TOTAL DEP.
TOTAL 1+DEP						TOTAL 1+DEP
TOTAL 1+DEP+IND						TOTAL CLAIMS